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MAR 19 2007

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

SUPPORT SERVICES MANAGER

Charles F. Cardone

Plaintiff

V.  
Warden Thomas Carroll et al.,  
Defendant(s)APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVITCASE NUMBER: Civil No. 06-646 \*\*\*I, Charles F. Cardone

declare that I am the (check appropriate box)

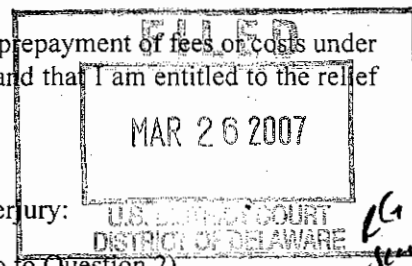
☒

Petitioner/Plaintiff/Movant

☐

Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional CenterInmate Identification Number (Required): SBT # 098159Are you employed at the institution? No Do you receive any payment from the institution? NoAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 1982 Social Security Disability since 1982

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                           |
|---|---------------------------|
| a. Business, profession or other self-employment  | <input type="radio"/> Yes |
| b. Rent payments, interest or dividends           | <input type="radio"/> Yes |
| c. Pensions, annuities or life insurance payments | <input type="radio"/> Yes |
| d. Disability or workers compensation payments    | <input type="radio"/> Yes |
| e. Gifts or inheritances                          | <input type="radio"/> Yes |
| f. Any other sources                              | <input type="radio"/> Yes |

- |                          |
|--------------------------|
| <input type="radio"/> No |
| <input type="radio"/> No |
| <input type="radio"/> No |
| <input type="radio"/> No |
| <input type="radio"/> No |
| <input type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

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4. Do you have any cash or checking or savings accounts?      •• Yes      •• No  
If "Yes" state the total amount \$ \_\_\_\_\_
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?      •• Yes      •• No  
If "Yes" describe the property and state its value.
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

*NONE*

I declare under penalty of perjury that the above information is true and correct.

Mar. 4, 07  
DATE

Charles F. Cardone  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

CERTIFICATE

(Incarcerated applicants only)

*(To be completed by the institution of incarceration)*

I certify that the applicant named herein has the sum of \$ 134.92 on account his/her credit at (name of institution) Delaware Correctional Center.

I further certify that the applicant has the following securities to his/her credit:

(-.63)

I further certify that during the past six months the applicant's average monthly balance was \$ 106.49

and the average monthly deposits were \$ 100.00

3/19/07

Date

Stacy Shane  
Signature of Authorized Officer

*(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)*

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SUPPORT SERVICES MANAGER

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

CHARLES F. CARDONE,

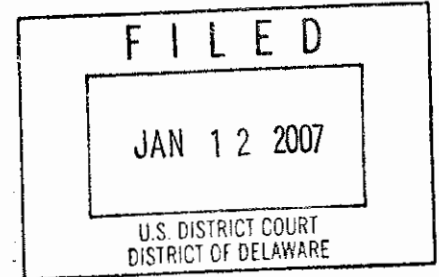
Plaintiff,

V.

WARDEN THOMAS CARROLL, et al.,

**Defendants.**

)  
)  
)  
)  
) Civil No. 06-646-\*\*\*  
)  
)  
)  
)



## ORDER

At Wilmington this 12 day of January, 2007;

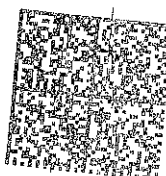
IT IS ORDERED THAT:

Plaintiff's motion for reconsideration of the court's December 6, 2006 dismissal order is **DENIED**. (D.I. 6.) While plaintiff has submitted additional trust account information (D.I. 7) he has failed to file a request to proceed *in forma pauperis* as previously ordered by the court. The case remains closed.

  
UNITED STATES DISTRICT JUDGE  
Magistrate

IM Charles F. Candore  
SBI# 098159 UNIT (18) BL12  
DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SMYRNA, DELAWARE 19977

Legal Mail



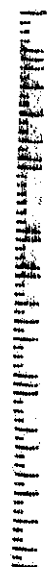
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Wilmington

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